

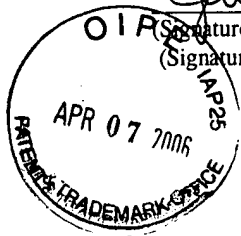
JFW

**CERTIFICATE OF FACSIMILE TRANSMISSION.** I hereby certify that this correspondence is being transmitted via facsimile to facsimile number 571-273-8300 addressed to Assistant Commissioner for Patents, Washington, D.C. 20231, on 4 April 2006 (Date).

Jeannie Camara

(Typed or Printed Name of Person Transmitting Paper or Fee)

Jeannie Camara  
(Signature of Person Transmitting Paper or Fee)  
(Signature of Person Mailing Paper or Fee)



**PATENT APPLICATION**  
**Attorney Docket No. SUN04-0182**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE PATENT APPLICATION OF )  
Shailender Chaudhry ) Examiner: Zalepa, George D.  
Serial No. 10/686,061 ) Group Art Unit: 2183  
Filing Date: 14 October 2003 )  
Title: SELECTIVELY DEFERRING THE )  
EXECUTION OF INSTRUCTIONS WITH )  
UNRESOLVED DATA DEPENDENCIES AS )  
THEY ARE ISSUED IN PROGRAM ORDER )

**AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Non-Fee Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Preliminary amendment.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☐ check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
  - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☒ 1 Replacement Drawing.
- ☒ No additional claims fees are required.

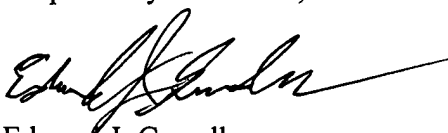
☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

- ☐ A check in the amount of \$\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_ to Deposit Account No. \_\_\_ (Docket No. \_\_\_).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN04-0182).

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Respectfully submitted,

By   
Edward J. Grundler  
Registration No. 47,615

Date: 4 April 2006